PEDIATRIC

BASIC LIFE SUPPORT

OXYGEN ADMINISTRATION

Inadequate oxygen has immediate effects in children leading to a slow heart rate and decreased mental status.

INDICATIONS:

 Any ill appearing patient or patient with respiratory distress

POTENTIAL ADVERSE EFFECTS

Non-humidified oxygen is drying and irritating to mucous membranes

CONTRAINDICATIONS:

Paraquat poisoning

PRECAUTIONS

- Oxygen is flammable, no smoking, open flames or use of electrical equipment near oxygen.
- Oxygen bottles are under pressure, avoid impact to regulator, keep bottle secure and on its side to prevent explosion
- 1. Assess the patient, treat ABC problems, obtain baseline vitals and consider transport plan based on general impression.
- 2. Match the correct delivery device with your assessment of the patient:

Device	Flow Rate	Concentration	Indications	Considerations
Cannula	1-6 liters	Low flow 24% - 44%	Seizure Ingested Poison	Use in infants who are obligatory nose breathers or if you do not have a correct size mask
Simple mask	6-10 liters	Moderate flow 35% - 60%		Must maintain a minimum of 6 liter flow
Blow by	6-15 liters	Mod High flow Depends on flow rate and proximity to face	Can be used in all patients	Use for infants and young children. Use a simple mask, corrugated tubing, or O2 tubing threaded through the bottom of a paper (not Styrofoam) cup.
Non- rebreather mask	12-15 liters	High flow 80% - 90%	 Partial airway obstruction Respiratory distress Inhaled poison Altered mental status Shock Trauma 	
Bag Valve Mask	15 liters	High flow = 90%		Be familiar with the pop-off valve and manometer port if present

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.

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